

		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0028753

Facility Name: Glencrest Healthcare and Rehabilitation Centre

Address: 2451 West Touhy Avenue Chicago 60645
Number City Zip Code

County: Cook

Telephone Number: (773) 338-6800 Fax # (773) 338-1166

IDPA ID Number: 363294202001

Date of Initial License for Current Owners: 6/01/1984

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

In the event there are further questions about this report, please contact:
Name: Charles J. Fischer Telephone Number: (312) 634-3400
Please send copies of any audit adjustments to address above.

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the
State of Illinois, for the period from 1/01/2003 to 12/31/2003
and certify to the best of my knowledge and belief that the said contents
are true, accurate and complete statements in accordance with
applicable instructions. Declaration of preparer (other than provider)
is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information
in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) _____
(Title) _____

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) SEE ACCOUNTANTS' COMPILATION REPORT
(Firm Name) Altschuler, Melvoin and Glasser LLP
& Address) One S. Wacker Drive, Suite 800, Chicago IL 60606-3392
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare and Rehabilitation Centre

0028753 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>154</u>	Skilled (SNF)	<u>154</u>	<u>56,210</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>158</u>	Intermediate (ICF)	<u>158</u>	<u>57,670</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>312</u>	TOTALS	<u>312</u>	<u>113,880</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>43,265</u>	<u>2,806</u>	<u>6,472</u>	<u>52,543</u>	8
9	SNF/PED					9
10	ICF	<u>38,537</u>	<u>1,503</u>	<u>417</u>	<u>40,457</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>81,802</u>	<u>4,309</u>	<u>6,889</u>	<u>93,000</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 81.66%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 6/01/84

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 2/14/94 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number

of beds certified 36 and days of care provided 5,813

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☐ NO ☒

Tax Year: 10/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Glencrest Healthcare and Rehabilitation Cen # 0028753 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	383,920	97,620	37,922	519,462		519,462		519,462			1
2	Food Purchase		742,249		742,249	(34,736)	707,513	(76,966)	630,547			2
3	Housekeeping	226,152	90,769		316,921		316,921		316,921			3
4	Laundry	110,385	47,307		157,692		157,692		157,692			4
5	Heat and Other Utilities			205,707	205,707		205,707	7,044	212,751			5
6	Maintenance	135,414	42,803	74,484	252,701		252,701	6,543	259,244			6
7	Other (specify):*											7
8	TOTAL General Services	855,871	1,020,748	318,113	2,194,732	(34,736)	2,159,996	(63,379)	2,096,617			8
	B. Health Care and Programs											
9	Medical Director			24,500	24,500	(6,000)	18,500		18,500			9
10	Nursing and Medical Records	3,198,919	369,464	63,079	3,631,462		3,631,462	(129,800)	3,501,662			10
10a	Therapy		1,059	259,252	260,311		260,311	(41,169)	219,142			10a
11	Activities	176,862	5,960	2,700	185,522		185,522		185,522			11
12	Social Services	65,965		9,624	75,589		75,589		75,589			12
13	Nurse Aide Training					895	895		895			13
14	Program Transportation			840	840		840		840			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,441,746	376,483	359,995	4,178,224	(5,105)	4,173,119	(170,969)	4,002,150			16
	C. General Administration											
17	Administrative	276,591		1,430,129	1,706,720		1,706,720	(1,430,129)	276,591			17
18	Directors Fees											18
19	Professional Services			91,241	91,241	(3,500)	87,741	7,608	95,349			19
20	Dues, Fees, Subscriptions & Promotions			36,917	36,917		36,917	17,255	54,172			20
21	Clerical & General Office Expenses	461,628	86,111	72,747	620,486		620,486	62,397	682,883			21
22	Employee Benefits & Payroll Taxes			699,528	699,528	34,736	734,264	107,582	841,846			22
23	Inservice Training & Education			6,410	6,410	(895)	5,515	1,858	7,373			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			39,632	39,632	(16,464)	23,168	5,160	28,328			25
26	Insurance-Prop.Liab.Malpractice			334,400	334,400		334,400	4,074	338,474			26
27	Other (specify):*											27
28	TOTAL General Administration	738,219	86,111	2,711,004	3,535,334	13,877	3,549,211	(1,224,195)	2,325,016			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,035,836	1,483,342	3,389,112	9,908,290	(25,964)	9,882,326	(1,458,543)	8,423,783			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			128,980	128,980		128,980	234,025	363,005			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							392,752	392,752			32
33	Real Estate Taxes					3,500	3,500	377,869	381,369			33
34	Rent-Facility & Grounds			2,418,952	2,418,952		2,418,952	(2,415,952)	3,000			34
35	Rent-Equipment & Vehicles			36,420	36,420	16,464	52,884	11,640	64,524			35
36	Other (specify):*											36
37	TOTAL Ownership			2,584,352	2,584,352	19,964	2,604,316	(1,399,666)	1,204,650			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		183,228	11,799	195,027	6,000	201,027		201,027			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			170,820	170,820		170,820		170,820			42
43	Other (specify):* Non-Allowable			330,903	330,903		330,903	(330,903)				43
44	TOTAL Special Cost Centers		183,228	513,522	696,750	6,000	702,750	(330,903)	371,847			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,035,836	1,666,570	6,486,986	13,189,392		13,189,392	(3,189,112)	10,000,280			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,962)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,987)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(597)	43		19
20	Contributions	(3,500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(269,024)	43		24
25	Fund Raising, Advertising and Promotional	(18,441)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(48,169)	43		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(4,662)	43		28
29	Other-Attach Schedule <u>See Attached Schedule F</u>	(224,394)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (578,736)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(2,610,376)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (2,610,376)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (3,189,112)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program	X		6,000	Ln9,Co3	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 6,000		47

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line	Reference
1	Adj. Mgt. Co. Medical Supplies "A" To Cost	\$ (75,016)	10	1
2	Adj. Mgt. Co. Medical Supplies "Other" To Cost	(54,784)	10	2
3	Adj. Mgt. Co. Food To Cost	(76,966)	2	3
4	Non-allowable Professional Fees	(19,880)	19	4
5	Amortization of 2003 Deferred Maintenance	2,944	6	5
6	Patient Clothing	(692)	43	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
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22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(224,394)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glencrest Healthcare and Rehabilitation Centre

0028753

Report Period Beginning:

1/01/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(76,966)	0	0	0	0	0	0	0	0	0	0	(76,966)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	7,044	0	0	0	0	0	0	0	0	7,044	5
6	Maintenance	2,944	0	3,314	0	0	285	0	0	0	0	0	6,543	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(74,022)	0	10,358	0	0	285	0	0	0	0	0	(63,379)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(129,800)	0	0	0	0	0	0	0	0	0	0	(129,800)	10
10a	Therapy	0	0	0	0	0	(41,169)	0	0	0	0	0	(41,169)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(129,800)	0	0	0	0	(41,169)	0	0	0	0	0	(170,969)	16
	C. General Administration													
17	Administrative	0	0	(367,649)	(1,062,480)	0	0	0	0	0	0	0	(1,430,129)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(19,880)	0	25,451	0	0	2,037	0	0	0	0	0	7,608	19
20	Fees, Subscriptions & Promotions	0	0	1,303	0	0	15,952	0	0	0	0	0	17,255	20
21	Clerical & General Office Expenses	0	0	41,646	0	0	20,751	0	0	0	0	0	62,397	21
22	Employee Benefits & Payroll Taxes	0	0	86,088	0	0	21,494	0	0	0	0	0	107,582	22
23	Inservice Training & Education	0	0	816	0	0	1,042	0	0	0	0	0	1,858	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	4,319	0	0	841	0	0	0	0	0	5,160	25
26	Insurance-Prop.Liab.Malpractice	0	0	4,074	0	0	0	0	0	0	0	0	4,074	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(19,880)	0	(203,952)	(1,062,480)	0	62,117	0	0	0	0	0	(1,224,195)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(223,702)	0	(193,594)	(1,062,480)	0	21,233	0	0	0	0	0	(1,458,543)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	0	30,588	0	203,272	165	0	0	0	0	0	234,025	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,962)	0	8,843	0	391,871	0	0	0	0	0	0	392,752	32
33	Real Estate Taxes	0	0	11,757	0	366,112	0	0	0	0	0	0	377,869	33
34	Rent-Facility & Grounds	0	0	0	0	(2,415,952)	0	0	0	0	0	0	(2,415,952)	34
35	Rent-Equipment & Vehicles	0	0	11,640	0	0	0	0	0	0	0	0	11,640	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(7,962)	0	62,828	0	(1,454,697)	165	0	0	0	0	0	(1,399,666)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(347,072)	0	0	0	16,169	0	0	0	0	0	0	(330,903)	43
44	TOTAL Special Cost Centers	(347,072)	0	0	0	16,169	0	0	0	0	0	0	(330,903)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(578,736)	0	(130,766)	(1,062,480)	(1,438,528)	21,398	0	0	0	0	0	(3,189,112)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00 %	Glen Oaks Nursing & Rehabilitation Centre,Ltd	Northbrook	SEE ATTACHED SCHEDULE A		
Barry Ray	20.00 %	GlenBridge Nursing & Rehabilitation Centre,Ltd	Niles			
		Glen Elston Nursing & Rehabilitation Centre,Ltd	Chicago			
		GlenShire Nursing & Rehabilitation Centre,Ltd	Richton Park			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$		1
2	V		Total from Page 6A	367,649	Glen Health and Home Management, Inc.	A	236,883	(130,766)	2
3	V								3
4	V		Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	4
5	V								5
6	V		Total from Page 6C	2,415,952	GlenCrest Real Estate & Development, L.L.C.	C	977,424	(1,438,528)	6
7	V								7
8	V		Total from Page 6D	260,619	Therapy Masters, Inc.	D	282,017	21,398	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 4,106,700			\$ 1,496,324	\$ * (2,610,376)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fees	\$ 367,649	Glen Health and Home Management, Inc.	A	\$	(367,649)	15
16	V	5	Utilities		Glen Health and Home Management, Inc.	A	7,044	7,044	16
17	V	6	Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,314	3,314	17
18	V	19	Professional Fees		Glen Health and Home Management, Inc.	A	25,451	25,451	18
19	V	20	Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,303	1,303	19
20	V	21	Clerical		Glen Health and Home Management, Inc.	A	41,646	41,646	20
21	V	22	Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	86,088	86,088	21
22	V	23	Training and Education		Glen Health and Home Management, Inc.	A	816	816	22
23	V	25	Auto Expenses		Glen Health and Home Management, Inc.	A	4,319	4,319	23
24	V	26	Insurance		Glen Health and Home Management, Inc.	A	4,074	4,074	24
25	V	32	Amortization of Mortgage Cost		Glen Health and Home Management, Inc.	A	111	111	25
26	V	30	Depreciation		Glen Health and Home Management, Inc.	A	30,588	30,588	26
27	V	32	Interest		Glen Health and Home Management, Inc.	A	8,732	8,732	27
28	V	33	Real Estate Taxes		Glen Health and Home Management, Inc.	A	11,757	11,757	28
29	V	35	Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	11,640	11,640	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V				A - OWNERSHIP:				34
35	V				Sidney Glenner - 100.00 % through attribution.				35
36	V								36
37	V								37
38	V								38
39	Total			\$ 367,649			\$ 236,883	\$ * (130,766)	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Administrative	\$1,062,480	GlenBar Management Company, Ltd.	B	\$	(1,062,480)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V				B - OWNERSHIP:				20
21	V				Sidney Glenner - 80.00 %				21
22	V				Barry Ray - 20.00 %				22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$1,062,480			\$0	\$*(1,062,480)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	32	Interest Expense	\$	GlenCrest Real Estate & Development, L.L.C.	C	\$ 11,017	\$ 11,017	15
16	V	32	Interest Expense		GlenCrest Real Estate & Development, L.L.C.	C	5,000	5,000	16
17	V	30	Depreciation		GlenCrest Real Estate & Development, L.L.C.	C	203,272	203,272	17
18	V	32	Interest Income		GlenCrest Real Estate & Development, L.L.C.	C	(2,945)	(2,945)	18
19	V	32	Interest Expense		GlenCrest Real Estate & Development, L.L.C.	C	378,799	378,799	19
20	V	33	Real Estate Taxes		GlenCrest Real Estate & Development, L.L.C.	C	366,112	366,112	20
21	V	34	Rental	2,415,952	GlenCrest Real Estate & Development, L.L.C.	C		(2,415,952)	21
22	V	43	State Replacement Taxes		GlenCrest Real Estate & Development, L.L.C.	C	16,169	16,169	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V				C - OWNERSHIP:				27
28	V				Sidney Glenner - 80.00 % (constructively)				28
29	V				Barry Ray - 20.00 %				29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 2,415,952			\$ 977,424	\$ * (1,438,528)	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	\$260,619	Therapy Masters, Inc.	D	\$219,450	\$ (41,169)	15
16	V	19	Professional Fees		Therapy Masters, Inc.	D	2,037	2,037	16
17	V	20	Licenses, Permits and Inspection		Therapy Masters, Inc.	D	15,952	15,952	17
18	V	21	Clerical		Therapy Masters, Inc.	D	20,751	20,751	18
19	V	22	Employee Benefits and Payroll		Therapy Masters, Inc.	D	21,494	21,494	19
20	V	23	Training and Education		Therapy Masters, Inc.	D	1,042	1,042	20
21	V	25	Auto Expenses		Therapy Masters, Inc.	D	841	841	21
22	V	30	Depreciation		Therapy Masters, Inc.	D	165	165	22
23	V	6	Repairs and Maintenance		Therapy Masters, Inc.	D	285	285	23
24	V								24
25	V								25
26	V				D - OWNERSHIP:				26
27	V				Sidney Glenner - 60.00 %				27
28	V				Barry Ray - 40.00 %				28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$260,619			\$282,017	\$ *21,398	39

Facility Name & ID Number Glencrest Healthcare and Rehabilitation Ctr # 0028753 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	80.00 %	126,584	13	22.00 %	Salary	\$ 37,875	Line17,Co.1	1
2	Barry Ray	Vice President	Administrative	20.00 %	126,584	9	23.00 %	Salary	37,875	Line17,Co.1	2
3	David Glenner	Vice President	Administrative	0.00 %	63,291	9	23.00 %	Salary	18,937	Line17,Co.1	3
4											4
5											5
6			See Schedule B								6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 94,687		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare and Rehabilitation Centre # 0028753 Report Period Beginning: 1/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Glen Health & Home Management, Inc.
Street Address 5454 West Fargo Avenue
City / State / Zip Code Skokie, IL 60077
Phone Number (847) 674-5454
Fax Number (847) 674-8311

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	403,841	5	\$ 30,586	\$	93,000	\$ 7,044	1
2	6	Repairs and Maintenance	Patient Days	403,841	5	14,392		93,000	3,314	2
3	19	Professional Fees	Patient Days	403,841	5	110,519		93,000	25,451	3
4	20	Licenses, Permits & Inspection	Patient Days	403,841	5	5,656		93,000	1,303	4
5	21	Clerical	Patient Days	403,841	5	180,843		93,000	41,646	5
6	22	Employee Benefits and Payroll	Patient Days	403,841	5	373,828		93,000	86,088	6
7	23	Training and Education	Patient Days	403,841	5	3,543		93,000	816	7
8	25	Auto Expenses	Patient Days	403,841	5	18,754		93,000	4,319	8
9	26	Insurance	Patient Days	403,841	5	17,690		93,000	4,074	9
10	32	Amortization of Mortgage Cost	Patient Days	403,841	5	481		93,000	111	10
11	30	Depreciation	Patient Days	403,841	5	132,824		93,000	30,588	11
12	32	Interest	Patient Days	403,841	5	37,919		93,000	8,732	12
13	33	Real Estate Taxes	Patient Days	403,841	5	51,053		93,000	11,757	13
14	35	Equipment and Vehicle Rental	Patient Days	403,841	5	50,546		93,000	11,640	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,028,634	\$		\$ 236,883	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	Bank One		X	Mortgage	\$600,000annual	1/26/94	\$ 10,000,000	\$ 4,700,000	2/15/2024	variable	\$ 384,631	1
2	Bank One		X	Amortization of mortgage costs							5,833	2
3	Bank One		X	Construction Line-Of-Credit		7/21/03	578,638	578,638	7/21/2008	0.0400	4,352	3
4							Mortgage interest expense allocated from Mgt. Co:				8,843	4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						\$ 10,578,638	\$ 5,278,638			\$ 403,659	9
	B. Non-Facility Related*											
10								Interest income offset:			(10,907)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (10,907)	14
15	TOTALS (line 9+line14)						\$ 10,578,638	\$ 5,278,638			\$ 392,752	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2002 report.				\$	<u>368,000</u> 1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	<u>362,112</u> 2
3. Under or (over) accrual (line 2 minus line 1).				\$	<u>(5,888)</u> 3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<u>372,000</u> 4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	<u>3,500</u> 5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<u>369,612</u> 7
Real Estate Tax History:				Allocation from Management Company <u>11,757</u>	
				Total	<u><u>381,369</u></u>
Real Estate Tax Bill for Calendar Year:				FOR OHF USE ONLY	
1998	<u>360,112</u>	<u>8</u>			
1999	<u>357,695</u>	<u>9</u>			
2000	<u>349,020</u>	<u>10</u>		13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
2001	<u>358,097</u>	<u>11</u>		14	PLUS APPEAL COST FROM LINE 5 \$ 14
2002	<u>362,112</u>	<u>12</u>		15	LESS REFUND FROM LINE 6 \$ 15
<u>See Attached Schedule G For Calculation Of 2003 Real Estate Tax Accrual.</u>				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glencrest Healthcare and Rehabilitation Centr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0028753

CONTACT PERSON REGARDING THIS REPORTCharles J. Fischer

TELEPHONE (312) 634-3400 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 10-36-202-030-0000	2451 West Touhy, Chicago IL	\$ 362,111.89	\$ 362,111.89
2. See attached schedule for home office allocation		\$ 51,053.00	\$ 11,757.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 413,164.89	\$ 373,868.89

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

12/31/2003

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	312		1994		\$ 4,175,048	\$	30	\$ 104,376	\$ 104,376	\$ 1,039,938	4
5											5
6	Mgt Comp				438,276			9,612	9,612		6
7	Allocation										7
8	ScheduledJ										8
	Improvement Type**										
9	Various Improvements			1984	14,558		10			14,558	9
10	Various Improvements			1985	49,988		10			49,988	10
11	Various Improvements			1986	53,010		10			53,010	11
12	Various Improvements			1987	18,999		10			18,999	12
13	Various Improvements			1988	10,172		10			10,172	13
14	Various Improvements			1989	43,502		10			43,502	14
15	Various Improvements			1990	28,496		10			28,496	15
16	Various Improvements			1991	26,763		10			26,763	16
17	Various Improvements			1992	51,415		10			51,415	17
18	Various Improvements			1993	32,359	1,618	10	1,618		32,359	18
19	Various Improvements			1994	36,809	3,681	10	3,681		35,582	19
20	Various Improvements			1995	49,197	4,919	10	4,919		42,634	20
21	Security cameras throughout facility with housings/wiring			1995	8,985	899	10	899		6,892	21
22	Call lights in dialysis room			1996	1,191	119	10	119		913	22
23	Second floor custom nurses station, hand rails			1996	24,426	2,443	10	2,443		18,729	23
24	Basement mason work, 2 rooms constructed rehab, room			1996	11,685	1,169	10	1,169		8,961	24
25	Hand rails and wall bumper guards			1996	19,408	1,941	10	1,941		14,881	25
26	Custom wall mounted bookcases			1996	5,510	551	10	551		4,225	26
27	First floor custom nurses station, reconfigure soffit			1996	20,882	2,088	10	2,088		16,008	27
28	Install electrical lines into activity room			1996	1,000	100	10	100		767	28
29	Install counter tops, sink and wood file cabinets			1996	3,700	370	10	370		2,837	29
30	Install four 70 watt high pressure lights over exit signs			1996	1,900	190	10	190		1,457	30
31	Swag valence in dining rooms			1996	2,342	234	10	234		1,794	31
32	Door locks and fire doors			1996	5,241	524	10	524		3,493	32
33	Electrical outlets and circuits			1997	4,950	495	10	495		3,300	33
34	Elevator frames, doors & other parts			1997	10,626	1,062	10	1,062		7,081	34
35	Cabinets and sinks			1997	26,743	2,674	10	2,674		17,828	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Elevator repairs	1997	\$ 7,700	\$ 770	10	\$ 770	\$	\$ 4,363	37
38	Furnace repairs	1997	2,321	232	10	232		1,315	38
39	Chain link fencing	1998	3,000	300	10	300		1,700	39
40	HVAC system modifications	1998	2,131	213	10	213		1,208	40
41	Fire alarm system improvements	1998	4,148	415	10	415		2,351	41
42	Exhaust system	1998	4,980	498	10	498		2,822	42
43	HVAC system modifications	1998	2,008	201	10	201		1,138	43
44	18 access doors	1998	2,824	282	10	282		1,599	44
45	HVAC system modifications	1998	6,866	687	10	687		3,892	45
46	Fire alarm smoke detectors	1998	12,024	1,202	10	1,202		6,813	46
47	4 smoke/fire dampers	1998	1,235	124	10	124		701	47
48	Roof repairs	1998	5,000	500	10	500		2,833	48
49	Wallpaper	1999	6,529	653	10	653		3,047	49
50	Install handrails and bumpers	1999	11,501	1,150	10	1,150		5,367	50
51	4th floor nurses station-with angled radius corners	1999	7,500	750	10	750		3,500	51
52	4th floor nurses station-with angled radius corners	1999	7,505	751	10	751		3,503	52
53	Carpeting	1999	45,885	4,588	10	4,588		21,412	53
54	Cove base installation	1999	15,738	1,573	10	1,573		7,342	54
55	Install back porch siding and 2 doors	1999	4,000	400	10	400		1,867	55
56	Install back porch siding and 2 doors	1999	9,270	927	10	927		4,326	56
57	Heavy duty electrohydraulic ADA operator	1999	2,547	255	10	255		1,189	57
58	Diesel generator	1999	54,879	5,488	10	5,488		25,610	58
59	Emergency generator	1999	111,000	11,100	10	11,100		51,800	59
60	Install door alarm system on 4 floors	1999	7,817	782	10	782		3,649	60
61	Wallpaper	1999	5,859	586	10	586		2,734	61
62	Furnished and installed 2 door restrictors	1998	2,600	260	10	260		1,213	62
63	Install handrails and bumpers	1999	4,600	460	10	460		2,147	63
64	Laundry room exhaust	1999	1,922	192	10	192		897	64
65	Furnish and install fire alarm equipment	1999	1,920	192	10	192		896	65
66	Radiator valve repairs	1999	2,359	236	10	236		1,101	66
67	Install plumbing for whirlpool tub	1999	2,400	240	10	240		1,120	67
68	Cove base/amtico installation	1999	3,146	315	10	315		1,469	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,540,395	\$ 61,399		\$ 175,387	\$ 113,988	\$ 1,731,506	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,540,395	\$ 61,399		\$ 175,387	\$ 113,988	\$ 1,731,506	1
2	Resident room signs & common area signs	1999	2,731	273	10	273		1,274	2
3	Install resident windows on 4th floor	1999	13,284	1,328	10	1,328		6,198	3
4	Handrails, bumpers, accent rails & cove base installation	2000	4,592	459	10	459		1,607	4
5	Furnish & install mixing valve, vent & water piping	2000	5,731	573	10	573		2,006	5
6	Complete electrical work for 10 dialysis chairs	2000	4,575	458	10	458		1,602	6
7	Furnish and install hand sink	2000	2,501	250	10	250		875	7
8	Install locks on 4th floor	2000	4,116	412	10	412		1,441	8
9	Universal shower panel - wall-mounted shower system	1999	1,963	196	10	196		916	9
10	Install & program 3 telephones	2000	1,537	154	10	154		539	10
11	Furnish 2 stainless steel sinks	2000	4,268	427	10	427		1,494	11
12	Install 2 stainless steel sinks	2000	2,550	255	10	255		892	12
13	Automatic door operating equipment	2000	16,743	1,674	10	1,674		5,859	13
14	Undervoltage sensors for electrical transfer switch	2000	2,798	280	10	280		980	14
15	Elevator door motor and electrical schematics for controllers	2001	11,390	1,139	10	1,139		2,848	15
16	Replace ejector pump	2001	8,144	814	10	814		2,036	16
17	Electrical schematics for elevator controllers, elevator car	2001	11,390	1,139	10	1,139		2,847	17
18	Insurance claim refund	2002	(4,800)	(480)	10	(480)		(720)	18
19	Insurance claim refund	2002	(7,455)	(746)	10	(746)		(1,119)	19
20	Burst free coil	2002	4,075	408	10	408		612	20
21	Cove base installation	2002	3,500	350	10	350		525	21
22	Installation of spiral duct for laundry	2002	3,600	360	10	360		540	22
23	Booster pump, break tank, valves	2002	4,857	486	10	486		729	23
24	Dialysis plumbing	2002	12,825	1,283	10	1,283		1,924	24
25	Fire alarm detectors	2002	5,754	575	10	575		863	25
26	Cove base installation, remove and install ceilings and walls	2003	111,159	5,558	10	5,558		5,558	26
27	Installation of exterior disconnect switch on trash compactor	2003	2,800	140	10	140		140	27
28	Installation and wiring of new camera	2003	2,968	148	10	148		148	28
29	External door alarm setup	2002	1,400	140	10	140		210	29
30	Installation of door safety edge	2003	1,850	92	10	92		92	30
31	Maple door and brass hardware sealing and installation	2003	1,404	70	10	70		70	31
32	Allocated from Therapy Masters, Inc:					165	165		32
33	Allocated from Management Company:		35,470			2,081	2,081	17,373	33
34	TOTAL (lines 1 thru 33)		\$ 5,818,115	\$ 79,614		\$ 195,848	\$ 116,234	\$ 1,791,865	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 443,986	\$ 45,481	\$ 45,481	\$	10 years	\$ 242,973	71
72	Current Year Purchases	64,209	3,211	3,211		10 years	3,211	72
73	Fully Depreciated Assets	1,416,302	99,569	99,569		8,9,10years	1,416,302	73
74	Allocated from Management Company:	176,350		16,413	16,413		111,096	74
75	TOTALS	\$ 2,100,847	\$ 148,261	\$ 164,674	\$ 16,413		\$ 1,773,582	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Maintenance	1976 Pick-up Truck	1993	\$ 3,303	\$	\$	\$	5 years	\$ 3,303	76
77										77
78	Allocated from Management Company:			33,664		2,483	2,483	5 years	19,676	78
79										79
80	TOTALS			\$ 36,967	\$	\$ 2,483	\$ 2,483		\$ 22,979	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,500,967	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 227,875	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 363,005	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 135,130	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,588,426	85

**

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Exterior Renovation	\$ 586,231	92
93			93
94			94
95		\$ 586,231	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. YESNO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Parking Lot				3,000	month to month		6
7	TOTAL				\$ 3,000			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease N/A.
9. Option to Buy: YESXNO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YESXNO
16. Rental Amount for movable equipment: \$38,985Description: Copier \$6,050, Ice-maker \$1,972, Postage meter \$831, Medical equip \$27,567, Mgt Co Allocation \$2,565
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Care	2002 Toyota Sequoia	\$ 759.00	\$ 9,996	17
18	Patient Care	2003 Chrysler Jeep	539.00	6,468	18
19					19
20	Allocated from Management Company:			9,075	20
21	TOTAL		\$ 1,298.00	\$ 25,539	21

10. Effective dates of current rental agreement:
Beginning
Ending
11. Rent to be paid in future years under the current rental agreement:
- | | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | /2004 | \$ |
| 13. | /2005 | \$ |
| 14. | /2006 | \$ |

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES
☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM
IN OTHER FACILITY
COMMUNITY COLLEGE
HOURS PER AIDE

☐
☐
☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM
IN OTHER FACILITY
HOURS PER AIDE

☐
☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		12		3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$		\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests		895		895
9	TOTALS	\$	\$ 895	\$	\$ 895
10	SUM OF line 9, col. 1 and 2 (e)	\$ 895			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	18
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	18

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	1,389	\$ 67,778	\$ 654	1,389	\$ 68,432	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		580	27,170		580	27,170	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln 10a,Col 2&3	hrs		3,309	163,116	405	3,309	163,521	4
5	Physician Care	Ln 39, Col 3	visits			30			30	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				165,828		165,828	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 3&5			200	6,000	17,400	200	23,400	12
13	Radiology and Laboratory Other (specify): Respiratory Therapy	Ln 39, Col 3 Ln 10a, Col 3			34	11,769 1,188		34	11,544 1,188	13
14	TOTAL			\$	5,512	\$ 277,051	\$ 184,287	5,512	\$ 461,113	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 119,360	\$ 343,437	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 296,698)	2,903,332	2,903,332	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	180,421	180,421	6
7	Other Prepaid Expenses	862,065	862,065	7
8	Accounts Receivable (owners or related parties)	(181,264)		8
9	Other(specify): Other Receivables	2,746	2,777	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,886,660	\$ 4,292,032	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		545,038	13
14	Buildings, at Historical Cost		4,613,324	14
15	Leasehold Improvements, at Historical Cost	1,057,365	1,204,791	15
16	Equipment, at Historical Cost	819,042	2,137,814	16
17	Accumulated Depreciation (book methods)	(1,169,334)	(3,588,426)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Deposits, C-I-P	209,773	796,004	22
23	Other(specify): Mortgage Costs (net)		117,642	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 916,846	\$ 5,826,187	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,803,506	\$ 10,118,219	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 298,801	\$ 298,801	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,405	36,405	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	262,313	262,313	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,425	6,425	31
32	Accrued Real Estate Taxes(Sch.IX-B)		372,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule E:	241,269	241,269	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 845,213	\$ 1,217,213	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		578,638	39
40	Mortgage Payable		4,700,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,278,638	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 845,213	\$ 6,495,851	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,958,293	\$ 3,622,368	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,803,506	\$ 10,118,219	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,713,358	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,713,358	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,080,065)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(675,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,755,065)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,958,293	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare and Rehabilitation Centre # 0028753 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,180,681	1
2	Discounts and Allowances for all Levels	(1,415,604)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,765,077	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	667,609	6
7	Oxygen	70,643	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 738,252	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	221,242	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	18,986	19
20	Radiology and X-Ray	4,400	20
21	Other Medical Services	353,408	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 598,036	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	7,962	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,962	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,109,327	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,194,732	31
32	Health Care	4,178,224	32
33	General Administration	3,535,334	33
	B. Capital Expense		
34	Ownership	2,584,352	34
	C. Ancillary Expense		
35	Special Cost Centers	525,930	35
36	Provider Participation Fee	170,820	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,189,392	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,080,065)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,080,065)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,896	3,064	\$ 116,268	\$ 37.95	1
2	Assistant Director of Nursing	3,542	3,790	99,002	26.12	2
3	Registered Nurses	41,143	42,446	1,158,262	27.29	3
4	Licensed Practical Nurses	18,761	19,829	367,349	18.53	4
5	Nurse Aides & Orderlies	133,183	142,039	1,195,999	8.42	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,906	3,059	39,952	13.06	8
9	Activity Director	3,144	3,610	70,071	19.41	9
10	Activity Assistants	15,582	17,160	106,791	6.22	10
11	Social Service Workers	4,657	4,954	65,965	13.32	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,990	4,440	74,514	16.78	14
15	Cook Helpers/Assistants	33,661	36,528	309,406	8.47	15
16	Dishwashers					16
17	Maintenance Workers	9,890	10,783	135,414	12.56	17
18	Housekeepers	26,981	29,444	226,152	7.68	18
19	Laundry	13,240	14,305	110,385	7.72	19
20	Administrator	2,056	2,254	131,854	58.50	20
21	Assistant Administrator	1,000	1,021	50,050	49.02	21
22	Other Administrative	1,612	1,612	94,687	58.74	22
23	Office Manager					23
24	Clerical	37,969	39,967	461,628	11.55	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,462	2,661	31,140	11.70	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	13,528	14,619	190,947	13.06	33
34	TOTAL (lines 1 - 33)	372,203	397,585	\$ 5,035,836 *	\$ 12.67	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 37,922	Ln 1, Col 3	35
36	Medical Director	Monthly	24,500	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,520	Ln10,Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	60	2,700	Ln 11, Col 3	44
45	Social Service Consultant	202	9,624	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	262	\$ 77,266		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,400	\$ 60,000	Ln 10,Col 3	50
51	Licensed Practical Nurses	24	559	Ln 10,Col 3	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	2,424	\$ 60,559		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number	Glencrest Healthcare and Rehabilitation Centre
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XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
Sidney Glenner	Administrative	80.00 %	\$ 37,875	Workers' Compensation Insurance		\$ 109,724	IDPH License Fee	\$	
Barry Ray	Administrative	20.00 %	37,875	Unemployment Compensation Insurance		32,291	Advertising: Employee Recruitment	1,423	
David Glenner	Administrative	0.00 %	18,937	FICA Taxes		340,564	Health Care Worker Background Check (Indicate # of checks performed 105)	735	
Joshua Ray	Administrator	0.00 %	131,854	Employee Health Insurance		75,850	Illinois Council on Long Term Care Dues	16,539	
Evelyn Mercado	Asst. Administrator	0.00 %	50,050	Employee Meals		34,736	Employment Fees	11,000	
				Illinois Municipal Retirement Fund (IMRF)*			Elevator/Boiler Inspctns,Chicago Permits	6,804	
				Chicago Head Tax		9,700	Metro Water Reclamation Fees	416	
				Union Health and Welfare		81,719	Allocated from Therapy Masters:	15,952	
				Union Pension Fund		36,453	Allocated from Management Company:	1,303	
				Profit Sharing Plan		(10,136)	Less: Public Relations Expense (
				401K Match		3,134	Non-allowable advertising (
				Medical Reimbursement, Other Empl Benefits		20,229	Yellow page advertising (
				See Attached Schedule D:		107,582			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 841,846	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 54,172	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees (eliminated in Column 7)			\$ 1,430,129				Out-of-State Travel	\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
Health Data Systems, Inc.	Computers		\$ 6,108						
Advanced Information, Kronos	Computers		4,308						
Sachnoff & Weaver, Ltd.	Legal		24,078						
Littler Mendelson	Legal		45						
Mary Carmen Madrid-Crost	Legal		12,293						
American Express Tax Services	Accounting		32,484						
Frost, Ruttenberg & Rothblatt	Accounting		40						
James Hamilton	Appraisal-Insurance/R.E.Tax		3,500						
Pro Tech System,Howard Chez	Maintenance Consulting		1,271						
Personnel Planners	Unemployment Consulting		2,692						
Moshe Calamaro & Associates	Structural Engineering		645						
Commitment Consulting	A/R Collections		3,777						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)				TOTAL			Entertainment Expense (agree to Sch. V, line 24, col. 8)		
							TOTAL		
Adjustments: See attached Schedule C				* Attach copy of IMRF notifications			**See instructions.		
Total				SEE ACCOUNTANTS' COMPILATION REPORT					

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Painting & Decorating	1998	\$ 9,975	3years	\$ 3,325	\$ 1,663	\$	\$	\$	\$	\$	\$	\$
2	Repairs & Maintenance	1998	1,594	3years	531	266							
3	Painting & Decorating	1999	88,181	3years	29,394	29,394	14,696						
4	Painting & Decorating	2000	17,664	3years	2,944	5,888	5,888	2,944					
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 117,414		\$ 36,194	\$ 37,211	\$ 20,584	\$ 2,944	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2) Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

Illinois Council on Long Term Care \$16,539
- (3) Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

N/A
- (5) Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$25,828

Line

10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A
- (9) Are you presently operating under a sublease agreement?

YES

X

NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$170,820

This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$34,736

Has any meal income been offset against related costs?

No

Indicate the amount.

\$N/A
- (16) Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

N/A

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$N/A
- (17) Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

N/A

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

N/A

If no, please explain.

N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

GlenCrest Nursing and Rehabilitation Centre, Ltd.
12/31/03
Provider I.D. # 0028753

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

SCHEDULE A

3 OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
GlenCrest Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management company
Therapy Masters	Skokie	Therapy company
GlenCare At Home, Ltd.	Skokie	Home Health agency
GlenCare Home Health, Ltd.	Skokie	Home Health agency
GlenCare Private Duty, Ltd.	Skokie	Home Health agency

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, LTD.
Provider # 0028753
12/31/2003

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes				Total
	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	16,758	37,579	40,605	31,642	126,584
David Glenner	8,379	18,789	20,302	15,821	63,291
Barry Ray	16,758	37,579	40,605	31,642	126,584
Total compensation received from other Nursing Homes	41,895	93,947	101,512	79,105	316,459

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.
Provider # 0035014
12/31/03

XIX. SUPPORT SCHEDULES

SCHEDULE C

C. Professional Services
Page 21

DESCRIPTION	AMOUNT
Total Schedule V, Line 19, Col. 3	91,241
Allocated from Management Co:	
Health data Systems, Inc. - Computer Services	1,425
Sachnoff & Weaver, Ltd. - Legal Services	1,348
American Express - Accounting Services	3,627
Altschuler, Melvoin & Glasser - Accounting Services	18,285
MB Financial - Bank Services	638
Littler Mendelson - Legal Services	138
Frost, Ruttenberg - Accounting Services	66
Winston & Strawn - Legal Services	-76
Total allocated from Management Co.	25,451
Total allocated from Therapy Masters:	2,037
Reclassify James Hamilton - RE Tax Appraisal	-3,500
Non-Allowable Expenses:	
Commitment Consulting - A/R Collections	-3,777
Sachnoff & Weaver, Ltd. - Legal out of period	-16,103
	-19,880
Total adjustments page 21, Sch C.	4,108
Total Schedule V, line 19, column 8	95,349

See Accountants' Compilation Report

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co:	
FICA taxes	27,360
FUTA	425
SUTA	1,408
Insurance - Hospital	32,853
Employee Benefits	265
Other Employee Benefits	4,402
Workers Compensation Insurance	652
Profit Sharing Plan Contribution	15,875
401K Match	2,848
Total allocated from Management Co.	86,088
Allocated from Therapy Masters, Inc.:	
FICA taxes	15,354
FUTA	413
SUTA	427
Insurance - Hospital	2,106
Workers Compensation Insurance	389
Profit Sharing Plan Contribution	2,497
401K Match	117
Other Employee Benefits	118
Uniform Allowance	73
Total allocated from Management Co.	21,494
Total allocated to Page 21	107,582

GlenCrest Nursing and Rehabilitation Centre, Ltd.
Provider # 0035014
12/31/03

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

DESCRIPTION	AMOUNT
Estimated Medicare Settlement	8,000
Sundry Payable	9,521
Accrued Wage Assignment	(775)
Workshop	8
Due to Third Party	233,880
Credit Union	775
Accrued Profit Sharing	0
Refunds Exchange	(11,783)
Accrued Management Fees	(20)
Accrued Union Dues	1,663
Total, Page 17, Line36	241,269

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.
Provider # 0028753
12/31/03

SCHEDULE F

PAGE 5, SCHEDULE VI. ADJUSTMENT DETAIL
Schedule A. Nonallowable Expenses
Line 29 - Other Non-allowable costs

Description	Amount	Reference
Patient clothing	(692)	43
Non-allowable professional fees	(19,880)	19
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(54,784)	10
Adjust Mgt. Co. Med Supplies - Med 'A' to cost	(75,016)	10
Amortization of 2003 deferred maintenance	2,944	6
Adjust Mgt. Co. Food to cost	(76,966)	2
Total	<u>(224,394)</u>	

See Accountants' Compilation Report

GlenCrest Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2003

SCHEDULE G

	Accrued 1/1/2003	Payments/ (Receipts)	Expense	Accrued 12/31/2003
Balance @ 1/01/2003	(368,000.00)		(368,000.00)	
2002 real estate taxes paid		362,111.89	362,111.89	
Estimated 2003 real estate taxes:				
2002 taxes	362,111.89			
Estimated increase	2.50 %			
Estimated 2003 taxes	371,164.69			
USE	372,000.00		372,000.00	(372,000.00)
Totals	(368,000.00)	362,111.89	366,111.89	(372,000.00)

Real estate tax history:

Year	Amount	Increase	
		\$	%
1993	323,273.20		
1994	345,685.97	22,412.77	6.93%
1995	350,490.39	4,804.42	1.39%
1996	359,114.08	8,623.69	2.46%
1997	353,830.54	(5,283.54)	-1.47%
1998	360,112.00	6,281.46	1.78%
1999	357,695.02	(2,416.98)	-0.67%
2000	349,019.69	(8,675.33)	-2.43%
2001	358,096.91	9,077.22	2.60%
2002	362,111.89	4,014.98	1.12%

See Accountants' Compilation Report

Provider Name: **GLENCREST NURSING & REHAB CENTRE**
Provider I.D. #: **0028753**
Year Ended: **December31, 2003**

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Joshua Ray, Sidney Glenner, Barry Ray Steven Pancer, Ria Rodriguez, Evelyn Mercado Ingrid Palanca, Jason Gold, Kathy Madayag, Cynthia Thompson	2/12/03	Lincolnwood	Medicare Coverage 101: A Survival Guide to Eligibility & Billing Illinois Council on Long Term Care	1,125
Ryzard Dabrowski	2/14/03	Chicago	Sanitation Inservice Cynthia Chow & Associates	165
Ria Rodriguez	2/10/03	Chicago	Back In Motion Alliance for Lifelong Learning	500
Joshua Ray, Ria Rodriguez, Jason Gold	3/26/03	Lincolnwood	Creative Strategies for Increasing Your Census	375
Nursing & Social Service Staff	4/29/03	In Facility	Privacy, Confidentiality & Ethical Issues in Information Handling Jo Anne Bruce	400
Nursing Staff	4/23/03	In Facility	Trach Care Pulmonary Exchange	100
Ria Rodriguez, Joshua Ray, Kathy Madayag Ingrid Palanca	3/7/03	Lincolnwood	The Ins and Outs of Infection Control Illinois Council on Long Term Care	500
CNA Trainees	5/9/03,5/15/03,7/15/03 8/15/03,12/11/03		Competency Testing Southern Illinois University	895
Nursing Staff	5/21-5/21/03	In Facility	Inservice, Competency Check on Suctioning, Trach Care and Pulse Oximetry Pulmonary Exchange	338
Manuel Eulano	6/2/03		Nurse Testing Commission on Graduate of Foreign Nursing Schools	315
Joshua Ray, Evelyn Mercado, Ria Rodriguez	7/30/03	Lincolnwood	Accident Investigation & Analysis	375
Nursing, Social Service & Admissions Staff	8/27/03	In Facility	Guardianship, Informed Consent & Power of Attorney Joe Monahan	500
Nursing Staff	10/6/03	In Facility	Inservice Oxygen Analyzers & Physical Assessment Skill Competency Check Pulmonary Exchange	75
Nursing Staff	10/29-31/03	In Facility	Inservice Suctioning Pulmonary Exchange	263
Joshua Ray, Evelyn Mercado	11/21/03	Lincolnwood	Conducting Violence Prevention Assessments Illinois Council on Long Term Care	285
Joshua Ray	12/22/03	Chicago	Management in the Healthcare Environment Spirit	200
			Reclass CNA Competency Testing to Line 13	-895
			Allocated From Therapy Masters, Inc.	1042
			Allocated From Management Company	816
			Total	7,373

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, LTD.
Provider #0028753
12/31/2003

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8
Other Admin. Staff Transportation

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimb.	Total
Direct Expense	18,398	313	2,670	1,787	23,168
Allocated from Management Company					4,319
Allocated from Therapy Masters					841
TOTAL	18,398	313	2,670	1,787	28,328

See Accountants' Compilation Report

HEALTH AND HOME MANAGEMENT, INC.
ALLOCATION OF MANAGEMENT COMPANY BUILDING

SCHEDULE J

ASSET DESCRIPTION	COST	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION	ADDITIONS 7/1/99- 12/31/2000	COST	NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE
	6/30/1999		6/30/1999	12/31/2000	12/31/2000	84.9438%	103,052/460,292 0.223883969	111,372/460,292 0.241959452	101,895/460,292 0.221370348	41,220/460,292 0.08955185	102,753/460,292 0.223234382
1996 BUILDING PURCHASE	230,000		230,000		230,000	195,371	43,740	47,272	# 43,249	# 17,496	43,613
1998 BUILDING RENOVATION											
GENERAL CONTRACTOR	957,570		957,570		957,570						
ELECTRICAL CONTRACTOR	275,576		275,576		275,576						
HVAC CONTRACTOR	182,130		182,130		182,130						
PLUMBING CONTRACTOR	68,599		68,599		68,599						
ARCHITECT FEES	115,968		115,968		115,968						
OTHER FEES AND PERMITS	33,024		33,024		33,024						
SECURITY SYSTEM	17,953		17,953		17,953						
TELEPHONE SYSTEM	12,500		12,500		12,500						
MISC. BUILDING COMPONENTS	24,226	-15,261	24,226		24,226						
CAPITALIZED INTEREST	121,387		106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720	-24,749	10,720		10,720						
HVAC SYSTEMS	24,749	-10,235	0								
WALL CONSTRUCTION	10,235	-10,634	0								
ELECTRICAL	10,634	-26,075	0								
MISC. IMPROVEMENTS	26,075	-5,900	0								
ASPHALT DRIVEWAY	5,900		0								
					1,834,392	1,558,202	348,857	377,022	# 344,940	# 139,540	347,844
1999 ACCORD ELECTRIC				17,929	17,929						
HMS + ASSOCIATES-INTERIOR				31,505	31,505						
SAM MORMINO-LANDSCAPING				1,050	1,050						
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468						
MISC.				11,076	11,076						
					63,028	53,538	11,986	12,954	# 11,852	# 4,794	11,952
2000 AQUATIC WORKS - BUILT-IN FISH TANK				5,000	5,000	4,247	951	1,028	# 940	# 380	948
2001 NO ADDITIONS											
2002 NO ADDITIONS											
2003 NO ADDITIONS											
					2,132,420	1,811,359	405,534	438,276	400,981	162,210	404,357

See Accountants' Compilation Report